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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*  
*no*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
*no*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 01/26/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature <i>Manda Wier</i> Initials <i>HW</i>	STATE OR COUNTRY OH	SHEETS DRAWING 9	TOTAL CLAIMS 12	INDEPENDENT CLAIMS 1
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TITLE  
 Knee brace immobilizer

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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